								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10766322												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS			9					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. (X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					• 1			X43=		OR	X86=	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT	· · · · · · · · · · · · · · · · · · ·	(<u> </u>				OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - DART II										-	OTHER	
	29-04	(Column 1)		(Colun		(Column 3)	1	SMAL	L ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š Š	Total	. 9	Minus	'a)	=		X\$ 9=		OR	X\$18=	
AME	Independent	· B	Minus	***	3	<u> </u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPE			PENDENT	CLAIM			+145=		OR	+290=	
TOTAL ADDIT, FEE										TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									□		AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL' FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= /		X\$ 9=		OR	X\$18=	T.
	Independent		Minus	***	04 4 13 4	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										OR	+290=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ŀ	X43=	1.	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											+290= TOTAL ADDIT. FEE	
		ber Previously Paid					fou	nd in the a	ppropriate bo	in col	umn 1.	

FORM PTO-875 (Rev. 10/03)

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